

# SHARE

STATE OF NEW MEXICO

DEPARTMENT OF FINANCE AND ADMINISTRATION

## Warrant/Voucher Information Sheet

653

VENDOR #



DATE 11/05/2012

Payee

\$ 705.00



Fund / Agency

000 66500

Document Number

AP 00313570

B4R

COD3

B4RCOD3



State of New Mexico  
 Voucher Batch Report  
 BusinessUnit 66500 Department of Health  
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/FCD  
 AsofDate 10/30/2012

Voucher Number	Vchr Line	VchrLineDescr	Distr Account	Account	Fund	VendorName	1099	Accounting Period	PurchaseOrder	Invoice Number	Total Amount
			Line#	Description			WithHold	Year	Month		
00313570	1	IS Meals & Lodging	1	542200 Employee I/S Meals & L	06101	MCGRATH BR-001		2013	10	0000094444 McGrath, B. 10.1	705.00
										Total For Voucher	705.00

FCD Audit Bureau  
*Mycoidek*

RECEIVED  
 2012 OCT 31 PM 10:36  
 DFA  
 FINANCIAL CONTROL



NAME DEPARTMENT OF HEALTH

ITEMIZED SCHEDULE  
OF TRAVEL EXPENSES

PAGE 1	DATE 10/15/2012
AGENCY CODE 66500	VOUCHER NUMBER 00313570

NAME Brad McGrath		CAR LICENSE NUMBER 001947SG		POST OF DUTY Roswell	PROPOSED (ADVANCE VOUCHER)
VENDOR NUMBER 00 [REDACTED]		MODEL Nissan	RESIDENCE Roswell	ACTUAL (RECOUPMENT VOUCHER)	
REG. WORK DAY 8:00 AM THRU 5:00 PM		YEAR 2011			

[illegible]

ACTUAL EXPENSES

## APPROVED RATES

I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverage. I further certify that no further payment will be sought for the travel/training covered by this voucher.

<b>X</b>	Employee Signature	Date
----------	--------------------	------

TOTALS

ADVANCE AMOUNTS  
80%

ADJUSTED

## REIMBURSEMENT

0

0.00

705.00

0.00

705.00

Brad McGrath (TYPE PAYEE NAME)

I DO SOLEMNLY SWEAR THAT THE ABOVE CLAIM FOR REIMBURSEMENT IS JUST AND TRUE IN ALL RESPECTS AND

COMPLIES WITH THE DRA REGULATIONS GOVERNING THE PER DIEM AND MILEAGE ACT

ACKNOWLEDGE THAT THIS EMPLOYEE HAS EXCEEDED THE \$1,500 PER CALENDAR YEAR FOR TRAVEL

SECTION 10-8-5 (I), NMSA 1978

Signature \_\_\_\_\_ (DOH-General Accounting Use Only)

Date \_\_\_\_\_


**PAYEE SIGN HERE:**

DATE 10/18/12

Signature required on overnight lodging exceeding \$215.00 per night.

OCT 29 '12 PM 2:32



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Business Unit: 66500  
Voucher ID: 00313570  
Voucher Style: Regular

Invoice Number: McGrath, B. 10.15-10.20.12  
Invoice Date: 10/22/2012  
Total: 705.00

Vendor: MCGRATH, BRADLEY K  
OFFICE OF FACILITIES MANAGEMENT  
SANTA FE, NM 87502

\*Pay Terms: Pay Now [Schedule Payments](#)

## Payment Information

Find | View All First  of 1  Last 

Scheduled Payment: 1

\*Remit to:  Location: 001 \*Address: 1 

MCGRATH, BRADLEY K  
OFFICE OF FACILITIES MANAGEMENT  
1190 S ST FRANCIS DR SUITE N-3059  
SANTA FE, NM 87502

Gross Amount: 705.00 USD

Discount: 0.00 USD Discount Denied

Late Charge

Scheduled Due: 10/22/2012 

Net Due: 10/22/2012

Discount Due:

Accounting Date:

## Payment Method

\*Bank: WFB10

\*Account: B

\*Method: CHK Check

Pay Group:

\*Handling: RE

\*Netting: N 

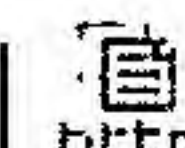
Message:

[Messages](#)

Message will appear on remittance advice.





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Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 66500

Invoice Number: McGrath, B. 10.15-10.20.12

Voucher ID: 00313570

Invoice Date: 10/22/2012

Voucher Style: Regular

Total: 705.00

## Voucher Processing

Post Voucher

Close Voucher

☒ Revalue Voucher☐ Delete Voucher

Saved

## Accounting Instructions

\*Accounting Template: STANDARD 

Account At: Gross

## Match Action

\*Status: Ready

☐ Pay UnMatched Voucher

## Transaction Currency

\*Source: Tables


\*Currency: USD

 Rate Type: CRRNT 

Exchange Rate: 1.00000000

## Voucher Approval

\*Approval: Specify at this Level

Business Process: PROCESS\_VOUCHERS Approval Rule Set: Payment Approval Rule Set 1 

## Self Billing Invoice

\*SBI Num Option: Group Vouchers (Auto-Nur

SBI Number:

## Prepayment

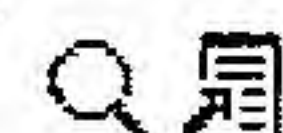
Prepayment Reference:

☐ Automatically Apply Prepayment

Postpone Withholding

## Letter of Credit

Letter of Credit ID:



## Tax Group



